REQUEST FOR NIA ANIMAL CREDIT OR REPLACEMENT

Credits / Replacements will be considered if requested within 48 hours of receipt of the animals.

PLEASE TYPE OR PRINT CLEARLY

Requesting: Credit Replacement Delivery Day Requested: Principle Investigator: Institution: Person Requesting Credit/Replacement: Title: _____ Email Address: _____ Fax Number: Phone Number: NIA Order Number: _____ Delivery Date Received: _____ Person who unpacked the animals: Name: Email: _____ Phone: _____ Fax: _____ Please provide a detailed description of the animals upon arrival, and the condition of the containers they arrived in: NOTE: Animals will be replaced at the same age as the original order, unless the customer specifically indicates the same DOB. Strain Quantity Age Gender DOB

Please type in fields and email back as an attachment to OBRRD_Order_Desk@nia.nih.gov. If you choose to fax form back to OBRRD, please fax it to 301-402-5997.